

Detail Reference Guide to
Determining CMS Medicare + 35%
for Offices of the Insurance Commissioner (OIC)
Workers' Compensation Maximum Medical Reimbursement Fee Schedules
Effective: July 1, 2012
Subsequent schedules should be updated each July 1 until further notice.

Codes listed with "0" or not listed are carrier/payor priced.
The absence or presence of a code does not indicate workers' compensation coverage.

HOSPITAL INPATIENT SERVICES

For Critical Access Hospitals: 135% of the hospital-specific final Medicare per diem reimbursement for July 1 update prior to date of service* (rounded) = OIC Maximum Medical Reimbursement, rounded.

For Medicare Prospective Payment Hospitals: 135% of the hospital-specific final Medicare MS-DRG** core element*** reimbursement for July 1 update prior to date of service* (rounded) = OIC Maximum Medical Reimbursement, rounded.

* For date of service between July 1 through June 30, the reimbursement effective on the July 1 immediately prior to date of service would apply. For example, for a January 10, 2013 date of service, the Medicare reimbursement information effective on July 1, 2012 would apply.

** Grouper 29 used by Medicare on July 1, 2012

*** Core element reimbursement (per Medicare) = standardized amounts (basic payment); wage index; DRG relative weights; disproportionate share; indirect medical education; and outlier (if applicable).